

Warwickshire County Council Equality Impact Assessment (EIA) Form.

The purpose of an EIA is to ensure WCC is as inclusive as possible, both as a service deliverer and as an employer. It also demonstrates our compliance with Public Sector Equality Duty (PSED).

This document is a planning tool, designed to help you improve programmes of work by considering the implications for different groups of people. A guidance document is available [here](#).

Please note that, once approved, this document will be made public, unless you have indicated that it contains sensitive information. Please ensure that the form is clear and easy to understand. If you would like any support or advice on completing this document, please contact the Equality, Diversity and Inclusion (EDI) team on 01926 412370 or equalities@warwickshire.gov.uk

Service / policy / strategy / practice / plan being assessed	Coventry and Warwickshire's Living Well with Dementia Strategy
Business Unit / Service Area	People Strategy and Commissioning
Is this a new or existing service / policy / strategy / practice / plan? If an existing service / policy / strategy / practice / plan please state date of last assessment	Coventry and Warwickshire's Living Well with Dementia Strategy (2022 – 2027) Not sure whether a previous EIA was completed for the previous strategy (from 2016-2019)
EIA Review team – list of members	Claire Taylor, Commissioner Amanda Fawcett, Lead Commissioner Ranbir Johal, Commissioning Support Officer Keira Rounsley, Equality, Diversity and Inclusion Practitioner
Do any other Business Units / Service Areas need to be included?	Communities and Partnerships Service (Mike Slemensek), Public Health (Gemma McKinnon), Libraries (Jessica Dunncliff), Adult Social Care (Becky Thompson)
Does this EIA contain personal and / or sensitive information?	No

Are any of the outcomes from this assessment likely to result in complaints from existing services users, members of the public and / or employees?

No

1. Please explain the background to your proposed activity and the reasons for it.

Coventry and Warwickshire's Living Well with Dementia Strategy is being refreshed, based on engagement and alignment with national and local strategies and guidance. As part of this, we wish to ensure services and support are inclusive to maximise access and uptake by people with dementia and their carers. We also wish to further develop work to raise awareness and understanding of dementia, and access to, and uptake of services in specific groups with protected characteristics as we know this has been challenging to date and has the potential to further increase inequalities in health.

2. Please outline your proposed activity including a summary of the main actions.

The refresh of the Dementia strategy has been underway for some months, having been delayed due to the coronavirus pandemic. The approach to developing the strategy has also had to be adapted to account for pressures on the workforce, the need to prioritise support for people with dementia and their carers and the fact that the usual engagement approaches could not be undertaken, as well as learning from the successful development of other strategies which have adopted a more focused 'plan on a page' approach (e.g. the Family Poverty Strategy).

Proposed activity includes:

- Engagement activities with people with dementia and their carers, professionals working directly with people with dementia, broader stakeholders and key groups to identify what currently works, what needs to be improved, gaps and opportunities.
- Review of current dementia pathway, to identify gaps and opportunities
- Close working with colleagues in Coventry to discuss and agree approach to the strategy and commissioning of services across the area
- Review of availability of services across Warwickshire and identification of gaps in services
- Review of national best practice and guidance
- Review of local data and strategies that impact on the dementia strategy
- Identification of opportunities for collaborative working
- Review of commissioned dementia support services
- Development of a draft dementia strategy for comment
- Further engagement with people with dementia and their carers, professionals, broader stakeholders on the draft strategy
- Seeking approvals from various Boards and meetings to publish the strategy

3. Who is this going to impact and how? (customers, service users, public and staff)

It is good practice to seek the views of your stakeholders and for these to influence your proposed activity. Please list anything you have already found out. If you still need to talk to stakeholders, include this as an 'action' at the end of your EIA. **Note that in some cases, there is a duty to consult, see [more](#).**

- People living with dementia, both already diagnosed and those who will be newly diagnosed in the future
- Carers and families of people living with dementia
- Commissioners and colleagues working for WCC
- Practitioners supporting people with dementia (including GPs, memory assessment staff, provider staff, volunteers)

4. Please analyse the potential impact of your proposed activity against the protected characteristics.

N.B Think about what actions you might take to mitigate / remove the negative impacts and maximize on the positive ones. This will form part of your action plan at question 7.

	What information do you have? What information do you still need to get?	Positive impacts	Negative impacts
Age	<p>Many people with dementia are older, and prevalence of dementia increases with age although younger people are still affected. Carers can be any age, but a range of potential issues could be faced at different ages, e. g older carers may be experiencing their own health concerns, younger carers may be juggling demands of working and caring for younger family members with their caring role.</p> <p>People with dementia are more likely to be over 65 and, in consequence, can face both ageism and the stigma associated with dementia. For example, older people may be denied access to the full range of mental health services that are available to younger adults. This could particularly disadvantage people with dementia who are more likely to be over 65 and require mental health support. People may delay seeking a diagnosis, assuming symptoms are just part of ageing.</p> <p>Dementia is not just an older people's condition. The table below from Dementia Connect service shows that 27% of tier 1 referrals were 64 or under. Younger people with dementia can face discrimination. They may be forced to give up work, excluded from dementia services with a minimum age criterion, forced to travel considerable distances to access appropriate services or left without support.</p> <p>Data available from commissioned services The data below from Dementia Connect:</p>	<p>Opportunity to raise awareness that dementia is not a natural part of ageing but that as people age there is a greater chance of them developing dementia. However, not everyone with dementia is old.</p> <p>Younger people with dementia may still be able to function very well and only have limited difficulties. May wish to access mainstream services, but services need to understand issues for people with dementia and be Dementia Friendly.</p>	<p>Issues of coping with ageism and stigma. Need to encourage younger people to come forward if concerned about memory. Need to address misconception that dementia only affects older people.</p> <p>Raise awareness that people can live well with dementia - positive examples / case studies. Develop use of arts programmes and other interventions such as Cognitive Stimulation Therapy (CST) – as they have very positive outcomes.</p> <p>Healthy lifestyles can reduce risk of dementia – never too early to start. Very limited awareness of links between healthy lifestyles and dementia.</p> <p>Continue to raise awareness of risk reduction for dementia as part of other health</p>

	<table border="1"> <thead> <tr> <th>Age Category</th> <th>Tier 1 Referrals</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Under 55</td> <td>40</td> <td>13</td> </tr> <tr> <td>55-64</td> <td>43</td> <td>14</td> </tr> <tr> <td>65-74</td> <td>69</td> <td>22</td> </tr> <tr> <td>75-84</td> <td>88</td> <td>28</td> </tr> <tr> <td>Over 85</td> <td>39</td> <td>13</td> </tr> <tr> <td>Unknown</td> <td>33</td> <td>11</td> </tr> </tbody> </table>	Age Category	Tier 1 Referrals	Percentage	Under 55	40	13	55-64	43	14	65-74	69	22	75-84	88	28	Over 85	39	13	Unknown	33	11		<p>awareness campaigns (smoking cessation, alcohol awareness etc). Build on uptake on NHS Health Checks.</p>
Age Category	Tier 1 Referrals	Percentage																						
Under 55	40	13																						
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<p>Disability</p> <p>Consider</p> <ul style="list-style-type: none"> Physical disabilities Sensory impairments Neurodiverse conditions (e.g. dyslexia) 	<p>Dementia is a disability, according to domestic law and international convention. Thousands of people who responded to the All-Party Parliamentary Group (APPG) inquiry agreed that they see dementia as a disability. However, they told the APPG that society is lagging in this understanding and failing to uphold the legal rights of people with dementia. (APPG, 2019)</p> <p>People with dementia may have other conditions which impact the timing of when they come forward for a diagnosis, when and how they receive a timely diagnosis and their ability to access services.</p> <p>The data below for tier 1 referrals is from Dementia Connect. However, the large number of unknowns makes it difficult to draw any conclusions. When people are asked this question, do they understand that dementia is classed as a disability?</p> <table border="1"> <thead> <tr> <th>Disability</th> <th>Total</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>138</td> <td>7</td> </tr> </tbody> </table>	Disability	Total	Percentage	Yes	138	7	<p>Dementia is now recognised as a disability which may help people access services, benefits and support. However, reality seems to be that society is 'lagging behind' for people with dementia. Raise awareness of possible blue badges for people with hidden disabilities such as dementia.</p> <p>Opportunity with re-commissioning dementia support services to consider unique challenges and therefore support required</p>	<p>Lack of capacity can make people with dementia vulnerable to discrimination and treatment that contravenes their human rights. For example, people with dementia can be excluded from discussions about their care and support and lack the capacity to challenge this exclusion. Under the Mental Capacity Act, a person is presumed to be able to make their own decisions "unless all practical steps to help them to make a decision have been taken without success".</p>															
Disability	Total	Percentage																						
Yes	138	7																						

<ul style="list-style-type: none"> • Mental health conditions (e.g. depression) • Medical conditions (e.g. diabetes) 	<table border="1"> <tr> <td>No</td> <td>556</td> <td>29</td> </tr> <tr> <td>Unknown</td> <td>1,237</td> <td>64</td> </tr> </table>	No	556	29	Unknown	1,237	64	<p>A study undertaken by PHE in 2015 found that Learning disability and lower socio-economic position both increased the prevalence of dementia. We need to consider numbers of people with dementia who have learning disabilities and impact of this on diagnosis and support.</p> <p>Carers of people with dementia may have disabilities. Need to consider how these carers can be supported.</p>	<p>for those that have disabilities including ensuring good pathways and joint working between key agencies such as adult social care, GPs, providers etc.</p> <p>Need to explore opportunities for increasing reach of commissioned services and what may need to be adapted / improved.</p> <p>This could be addressed through engagement sessions with people with dementia, and those with dementia and other disabilities.</p> <p>Need to establish whether all service settings likely to be accessed by people with dementia are accessible, whether or not they have additional disabilities. (or at least start this with commissioned providers)?</p>	<p>A person's perceived lack of capacity may be due to a range of factors which includes an inability to engage with complex terminology, background distractions or text that is too small. Look to increase training and awareness of small changes that can help a person engage.</p>
	No	556	29							
Unknown	1,237	64								
<p>Gender Reassignment</p> <p>Data regarding transgender individuals with dementia is not widely available or collected by commissioned services. This needs to be addressed.</p>	<p>The needs assessment and engagement provide an opportunity to consider how we can improve meeting needs of all potential clients</p>	<p>Need to ensure there is a clear offer and that individuals are not being turned away because of their transgender status.</p>								

	<p>Prior to any recommissioning activity, detailed desktop review work, needs assessment and links with Business Intelligence will be needed to understand demand and potential gaps in service.</p> <p>Question about protected characteristics can be included in engagement work in summer 2021.</p>	<p>with dementia, and their carers.</p> <p>Opportunities for developing staff training around this and other EIA area.</p>	
Marriage and Civil Partnership	<p>Data regarding marriage and civil partnership status has not been collected by commissioned services. This needs to be addressed.</p> <p>Support with legal matters such as Lasting Power of Attorney and Advance Statements may not be possible if partnership not legally recognised.</p>	<p>Opportunity to raise awareness of rights of carers depending on partnership status.</p>	
Pregnancy and Maternity	<p>Data regarding pregnancy and maternity status has not been collected by Dementia Connect or Dementia day opportunities services.</p>		
Race	<p>Data on ethnicity of people diagnosed with dementia is sparse. Data from NHS digital shows that 68% of people do not have ethnicity recorded. 28% are white, 3.5% Asian or Asian British. (https://digital.nhs.uk/data-and-information/publications/statistical/recorded-dementia-diagnoses/november-2020)</p> <p>Alzheimer's Society report that 3 per cent of people with dementia are from BAME communities – around 25,000 people. This number is expected to double by 2026 with the steepest increase expected in South Asian communities.</p> <ul style="list-style-type: none"> Research suggests BAME communities often face delays in dementia diagnosis and barriers in accessing services. <p>https://www.alzheimers.org.uk/for-researchers/black-asian-and-minority-ethnic-communities-and-dementia-research</p>	<p>The needs assessment and engagement provide an opportunity to consider how we can improve meeting their needs.</p> <p>Opportunity to raise awareness of issues concerning dementia for BAME groups. Use of range of images of people from different backgrounds on resources.</p> <p>Translation of resources into different languages.</p> <p>EQuIP advised the following:</p> <ol style="list-style-type: none"> 1. Gujarati 2. Punjabi 3. Urdu 	<p>Without understanding the needs of individuals according to race, we may limit accessibility to services and design services which do not meet their needs.</p> <p>May be challenging to address issues for all BAME groups, as there are significant differences between groups.</p> <p>Nursing Times article suggests: people's cultural background can influence how willing or unwilling they are to seek help and possible reluctance to diagnose dementia in</p>

<p>PHE study in 2015 found Dementia was more common in people from African-American, black-Caribbean or Hispanic backgrounds. There was no information published on people from south-east Asian backgrounds.</p> <p>A new study led by researchers from University College London has looked at difference in dementia diagnosis rates among different ethnic groups in the UK. The paper, published (on Wednesday 8 August 2018) in the journal <i>Clinical Epidemiology</i>, suggests that black men and women are more likely to develop dementia than their white counterparts. (Published in Alzheimer’s research UK, 2016) https://www.alzheimersresearchuk.org/ethnic-differences-dementia-diagnosis-uk/</p> <p>An article in Nursing Times (2018) found that rates of dementia diagnosis are higher among black ethnic groups compared to white and Asian groups in the UK. They found that the incidence of dementia diagnosis was 25% higher among black women than white women, and 28% higher among black men than white men. Asian women and men were 18% and 12% less likely than white women and men, respectively, to have a dementia diagnosis. https://www.nursingtimes.net/news/research-and-innovation/likelihood-of-dementia-higher-among-black-ethnic-groups-08-08-2018/</p> <p>Deaths from people in certain ethnic groups from dementia have been widely reported as being very high during the coronavirus pandemic.</p> <p>The data below from Dementia Connect shows that the majority of tier 1 referrals are for clients with white / white British ethnic backgrounds.</p> <table border="1" data-bbox="315 1241 904 1284"> <thead> <tr> <th data-bbox="315 1241 526 1284">Ethnicity</th> <th data-bbox="526 1241 696 1284">Total</th> <th data-bbox="696 1241 904 1284">Percentage</th> </tr> </thead> </table>	Ethnicity	Total	Percentage	<p>4. Polish 5. Hindi 6. Arabic</p> <p>Dementia Connect has now produced information resources in various languages.</p> <p>Need to build on risk reduction messages for all, but tailored to specific at risk groups.</p> <p>Opportunity to review older people day opportunities – not dementia specific services.</p>	<p>populations where it is not widely accepted.</p> <p>Join Dementia Research – people from BAME groups significantly underrepresented, so further limits understanding of their experiences of dementia.</p>
Ethnicity	Total	Percentage			

White / White British	194	62
Mixed	1	0
Asian / Asian British	6	2
Other	2	1
Unknown	109	35

Understanding and acceptance of dementia is limited / challenging in some cultures. Lower rates of diagnosis than expected in some BAME groups may affect access to support services. The number of people with dementia from BAME communities is expected to increase seven times by 2051. However, people from BAME communities are less likely to be diagnosed or receive post-diagnosis support (All-Party Parliamentary Group on Dementia, 2013). People from BAME groups face significant barriers when accessing support. There is a lack of culturally sensitive dementia services and families can be reluctant to use services that do not meet cultural or religious needs. Risk of dementia is greater in some BAME groups due to increased cardiovascular risk factors and diabetes etc.

Workshops and surveys undertaken in 2019 by EQUIP:

Awareness: Feedback from all workshops demonstrates that there is a lack of awareness about dementia and services available. The prevalent belief amongst these groups is that they believe that dementia is a form of 'madness'.

Embarrassment/stigma: Many of the participants at workshops felt that dementia was 'shameful' and it was felt that the condition was hidden from the community.

	<p>Cultural and Religious barriers: One of the main barriers to accessing services or support for BME participants was the belief that dementia services would not understand or be mindful of cultural and religious needs. For example, some female participants felt that using dementia cafes would involve sitting at tables with men. This would be culturally and religiously inappropriate for these women and this would be a barrier.</p> <p>Language barriers: All BME groups stated that any literature with information about a service needs to be available in different languages. This enables them to be empowered and informed rather than waiting for someone to translate or interpret information for them.</p>														
Religion or Belief	<p>See 'race' section.</p> <p>A study conducted by PHE in 2015 found that there was no information to help understand if religion changed the prevalence of dementia. Data regarding religion or beliefs has not been collected by Dementia Connect.</p>														
Sex	<p>Dementia is more common in women (PHE, 2015). Data by age and sex indicates that from the ages 65 to 79 years the split between males and females with dementia is quite similar. However, from the age of 80 years, females make up an increasing proportion of recorded dementia prevalence. Figure 4 shows the proportion of dementia cases by age and sex for the three CCG areas that cover Warwickshire.</p> <p><i>Figure 1 Proportion of recorded dementia cases by age and sex, Warwickshire CCGs combined, July 2020</i></p> <table border="1"> <thead> <tr> <th>Age band</th> <th>Females % of all recorded dementia cases</th> <th>Males % of all recorded dementia cases</th> </tr> </thead> <tbody> <tr> <td>Aged 65-69</td> <td>1.8%</td> <td>1.9%</td> </tr> <tr> <td>Aged 70-74</td> <td>4.5%</td> <td>3.9%</td> </tr> <tr> <td>Aged 75-79</td> <td>8.7%</td> <td>7.5%</td> </tr> </tbody> </table>	Age band	Females % of all recorded dementia cases	Males % of all recorded dementia cases	Aged 65-69	1.8%	1.9%	Aged 70-74	4.5%	3.9%	Aged 75-79	8.7%	7.5%	<p>The needs assessment and engagement provide an opportunity to consider how we can improve how we best meet needs of both males and females.</p> <p>May need to consider how we work with local voluntary groups to support people with dementia in community, recognizing that there are many more females than males living with dementia.</p>	<p>There is a risk that without a robust assessment of need, we design services that do not suit the needs / are not accessible to males and females.</p> <p>For example, we need to consider needs of females from different ethnic backgrounds, as both characteristics may impact on their ability to access and use services.</p>
Age band	Females % of all recorded dementia cases	Males % of all recorded dementia cases													
Aged 65-69	1.8%	1.9%													
Aged 70-74	4.5%	3.9%													
Aged 75-79	8.7%	7.5%													

Aged 80-84	15.1%	9.6%
Aged 85-80	16.3%	8.7%
Aged 90+	16.6%	5.3%

Source: NHS Digital, 2020

Early onset dementia

Dementia is 'young onset' when it affects people of working age, usually between 30 and 65 years old. It is also referred to as 'early onset' or 'working-age' dementia. In 2019, the crude recorded prevalence of dementia in those aged under 65 was 3.21 per 10,000 population - in line with the England figure.

Figure 2 Crude recorded prevalence of dementia (under 65) 2019/20

Geography	Rate per 10,000 population <65 years	Approximate count of population with early onset dementia
NHS Coventry & Rugby CCG	2.54	116
NHS Warwickshire North CCG	4.44	69
NHS South Warwickshire CCG	2.33	54
Warwickshire	3.21	154
England	3.21	15,911

Source: Fingertips/PHE/Dementia profiles, August 2020

The data below from Dementia Connect shows, that of the positive responses, there were almost twice as many tier 1 referrals for females compared to males. Although the number of unknowns is too high here to make any definitive conclusions.

	<table border="1"> <thead> <tr> <th>Gender</th> <th>Total</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Male</td> <td>71</td> <td>23</td> </tr> <tr> <td>Female</td> <td>134</td> <td>43</td> </tr> <tr> <td>Unknown</td> <td>107</td> <td>34</td> </tr> </tbody> </table>	Gender	Total	Percentage	Male	71	23	Female	134	43	Unknown	107	34		
Gender	Total	Percentage													
Male	71	23													
Female	134	43													
Unknown	107	34													
Sexual Orientation	<p>A study conducted by PHE in 2015 found that there was no information to help understand if sexual orientation changed the prevalence of dementia. May be additional challenges for people living with dementia, according to sexual orientation. Report from EQUIP: Barriers for the LGBT community: There was a consensus that health and social care staff lack the training and awareness around LGBT issues. They felt that there is an assumption in services that people are all heterosexual. This was identified as an issue across health and social care and not a dementia specific issue.</p> <p>The data below is from Dementia Connect for tier 1 referrals. The large percentage of unknowns makes it difficult to draw any conclusions.</p> <table border="1"> <thead> <tr> <th>Sexual Orientation</th> <th>Total</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Heterosexual</td> <td>127</td> <td>41</td> </tr> <tr> <td>Unknown</td> <td>185</td> <td>59</td> </tr> </tbody> </table>	Sexual Orientation	Total	Percentage	Heterosexual	127	41	Unknown	185	59	<p>The needs assessment and engagement provide an opportunity to consider how we can improve meeting their needs.</p>	<p>Without understanding potential barriers to accessing support, experience of support etc we may perpetuate the re-commissioning of a service offer which tends to only be accessed by heterosexuals.</p>			
Sexual Orientation	Total	Percentage													
Heterosexual	127	41													
Unknown	185	59													

5. What could the impact of your proposed activity be on other vulnerable groups e.g. deprivation, looked after children, carers?

- Carers of people with dementia are a vulnerable group in their own right. Carer wellbeing and support is crucial and needs to be offered at the point of diagnosis as dementia is a degenerative / progressive condition so early intervention and support for both the person with dementia and their carer is key.
- Future re-commissioning activity will need to ensure the needs of vulnerable individuals are considered when reviewing and redesigning the services.
- Lower socio-economic position increases the prevalence of dementia.

6. How does / could your proposed activity fulfil the three aims of PSED, giving due regard to:

- the elimination of discrimination, harassment and victimisation
- creating equality of opportunity between those who share a protected characteristic and those who do not
- fostering good relationships between those who share a protected characteristic and those who do not

- The elimination of discrimination, harassment and victimisation

Priority 4 in the Dementia Strategy focusses on raising awareness and understanding of dementia through the creation of Dementia Friendly Communities and Dementia Friends. The focus of this is on communities, organisations, groups and individuals in society. Priority 6 focusses on training and awareness for those working with people with dementia. This will all apply to all staff employed by commissioned service providers as well as staff employed by NHS and Local Authorities. When we recommission dementia support services, WCC will design our service offer to ensure that all those that live in Warwickshire, that would benefit from support, are able to access support and that support meets need. Our aim is to ensure that our commissioned services support residents in Warwickshire to live safe lives free of harassment and victimisation.

- Creating equality of opportunity between those who share a protected characteristic and those who do not

Engagement work prior to publication of the strategy will aim to ensure the strategy and any future commissioning creates equality of opportunity. Services will be commissioned that ensure equality of opportunity for all. This is cited throughout the strategy but specifically in chapters 3 and 4. Information will also be shared with informal support groups across Warwickshire. Through the needs assessment and engagement work we will seek to understand need, barriers to access, experience of support / support from other agencies to inform the design of future services.

- Fostering good relationships between those who share a protected characteristic and those who do not

Engagement work prior to publication of the strategy will aim to ensure the strategy and any future commissioning creates equality of opportunity. Services will be commissioned that ensure equality of opportunity for all. This is cited throughout the strategy but specifically in chapters 3 and 4. Information will be shared with commissioned service providers and also with informal support groups across

Warwickshire. We will seek to understand more about any gaps / areas of concern as highlighted in the impact assessment in section 4. This will directly inform the design of new specification when recommissioning dementia support services.

7. Actions – what do you need to do next?

Action	Timescale	Name of person responsible
Ensure EIA is considered and regularly reviewed as part of development and delivery of Delivery Plans.	Ongoing	Strategy Board
Themed workshops / meetings will be considered for multi-agency professionals to review current commissioned support service offer at various stages of Dementia pathway and design future offer. To have a focus on issues identified in the EIA in relation to impact on individuals with protected characteristics.	Ongoing	Commissioners across Coventry and Warwickshire
Consideration to be given as to how current and potential users of dementia support services can be engaged with and involved in co-production.	Ongoing	Commissioners and Providers across Coventry and Warwickshire
Engagement approach to consider the barriers for some groups to participate in surveys / focus groups etc and identify ways in which this may be overcome. For examples, consider sessions with BME community, sessions with people with a learning disability and / or physical disability.	Ongoing	Commissioners and Providers across Coventry and Warwickshire
Continue to review data relating to delivery of Dementia support services in terms of access by people with protected characteristics.	Ongoing	Commissioners

8. Sign off.

Name of person/s completing EIA	Claire Taylor, Amanda Fawcett, People Strategy and Commissioning.
Name and signature of Assistant Director	 Becky Hale
Date	16/05/22
Date of next review and name of person/s responsible	Date of review tbc but will link to development of Dementia Strategy Year 1 Delivery Plan. Claire Taylor, Amanda Fawcett, People Strategy and Commissioning.